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South 7<sup>th</sup>

D.C.

No 53

An Essay  
on the

Acute Stage of Hepatitis.  
Submitted to the medical Faculty

of the  
University of Pennsylvania

For the degree of Doctor of medicine

by

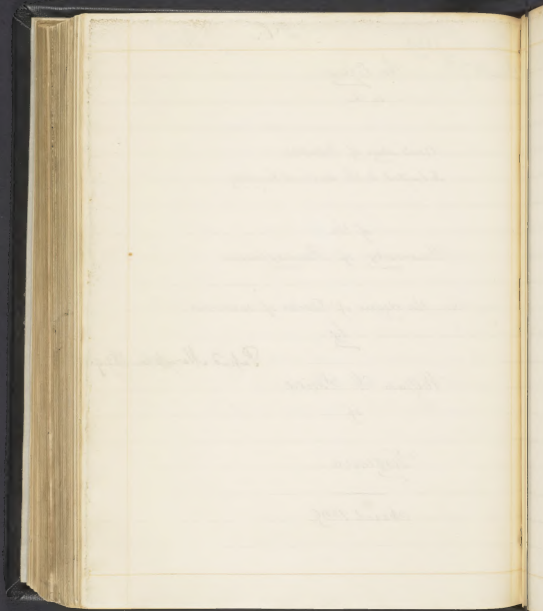
William A. Shield

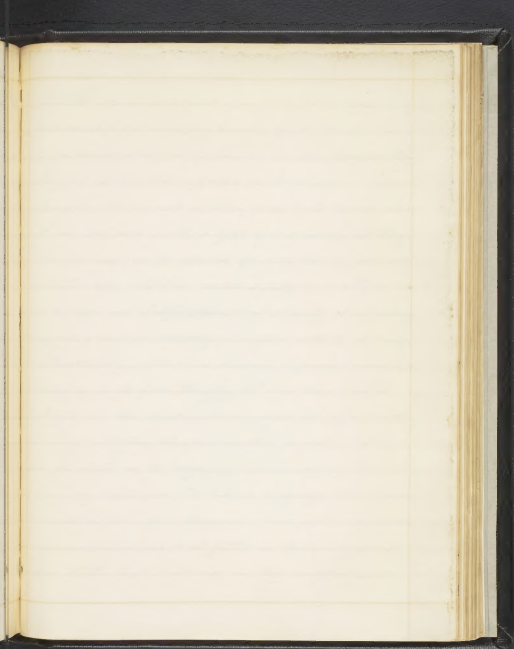
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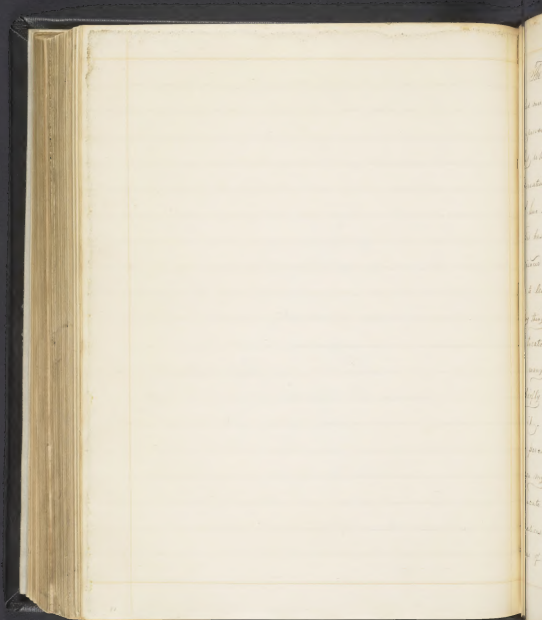
Virginia.

March 1829.

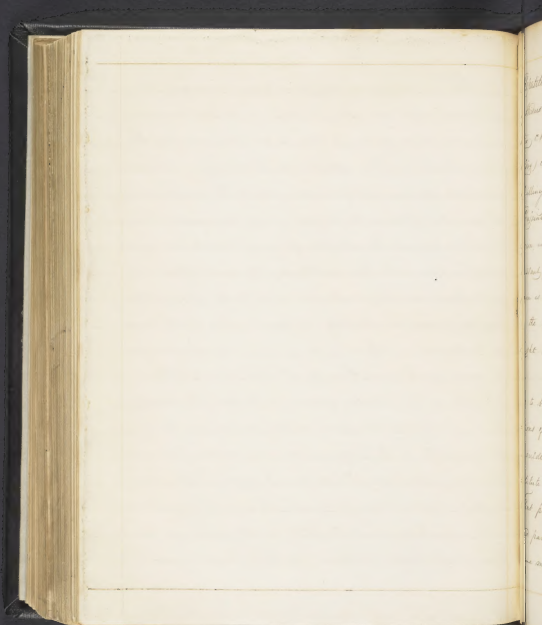
Printed March 6. 1829







The attention paid of late years to morbid anatomy, has shed much light on many branches of our science — and improvement in any one of them, is not more manifest than that which has been effected in Pathology. This observation applies with peculiar force to the disease which I have selected as the subject of my Inaugural Thesis. This has engaged the attention of many learned and experienced men who have written so fully and ably on it, as to leave me but a slender opportunity of suggesting any thing new or interesting in regard either to its causes or treatment. But as it is one of frequent occurrence in many parts of our Country, I have been induced chiefly by this circumstance to direct my attention to it. Acting therefore on this principle, it will be perceived in the following communication, that it has been my endeavour, "to collect to arrange and communicate in plain clear language" those facts and observations which are to be found in the writings of some of the best Authors on this subject —

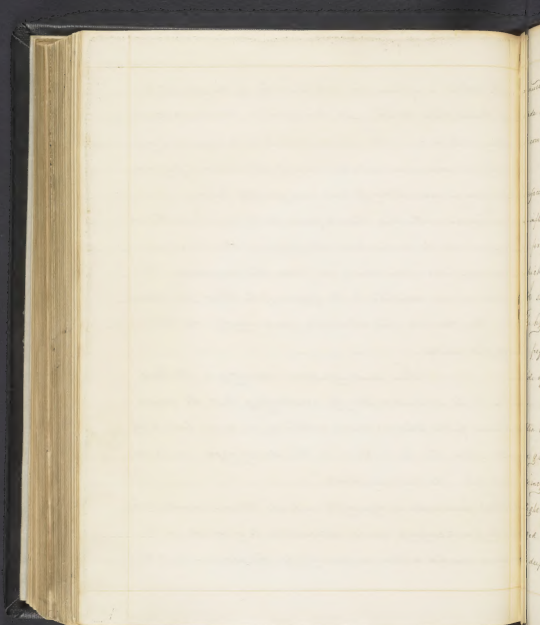


Hepatitis a inflammation of the Liver has by the generality  
of Writers been divided into two species - the one acute, the  
other, chronic. The former, (which is the subject of our  
Essay) commences with the ordinary phenomena of fevers,  
chillings, succeeded by heat, and finally putr.

Conjoined with this, there is pain in the right hypochondriac  
region, which is sometimes shooting, at other times more  
constant, and often acute, or obtuse and deep-seated. The  
pain is not confined to the region of the Liver, but extends  
to the clavicle and shoulder, particularly of the  
right side.

This last symptom according to Dr Good  
"is to be accounted for by recollecting that the radia-  
tions of the Thoracic nerve extend in an upper line, to the  
shoulder, and in a lower, to the diaphragm which con-  
stitute its extreme points."

That principle of sympathy which induces remote parts,  
and particularly remote extremities to associate in the  
same morbid action, is peculiarly conspicuous in a con-



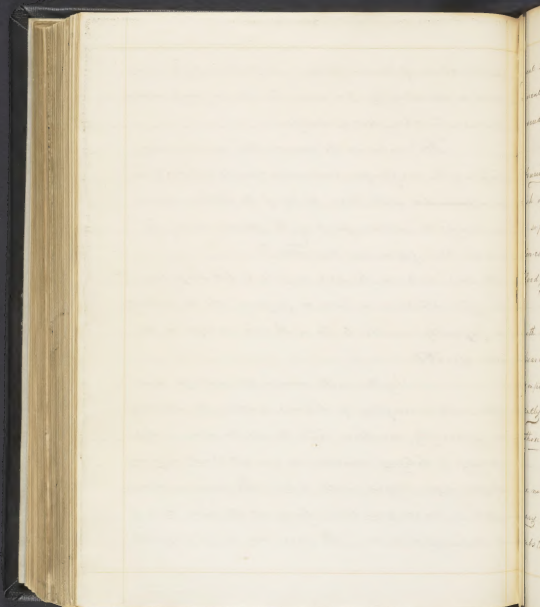


stained chain of nervous fibres. A morbid impression being made on one extremity of a nerve, the other in many instances becomes the chief seat of distress.

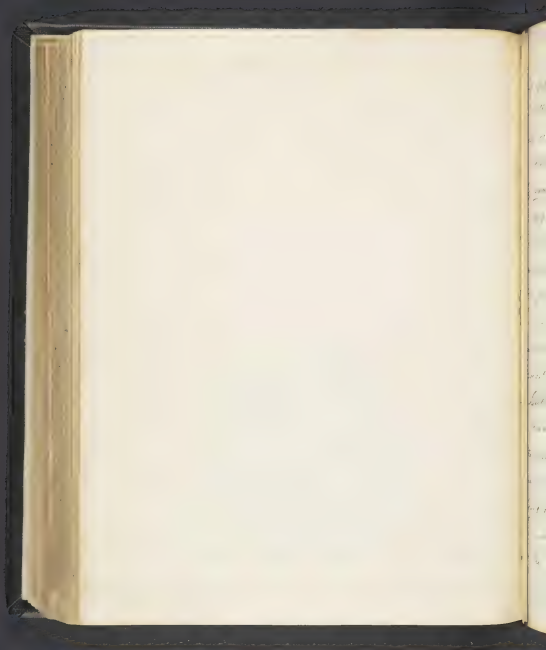
"N<sup>o</sup>" continues the same author "as the under surface of the diaphragm participates from its contiguity, in an inflammation of the Liver, the top of the shoulder suffers, as forming the extreme point of the phrenic chain by which these organs are connected."

In some instances, the pain is felt in both scapulae. The hypochondrium is tender on pressure, and the patient is frequently unable to lie with ease except on the side affected.

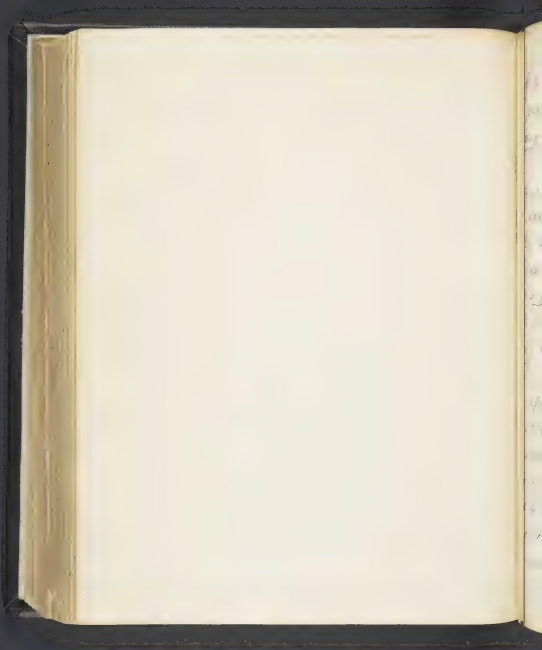
Together with nausea and sickness, and often with a vomiting of bilious matter, the intestines are generally inactive, and the stools show a deficiency of biliary secretion, or are at least in a very slight degree tinged with bile. The urine is discharged in small quantities, being at the same time of a deep saffron colour. We have also a loss of appetite,











the inflammation is seated on the left side of the lung, even with a shift as in a child at the termination of that side.

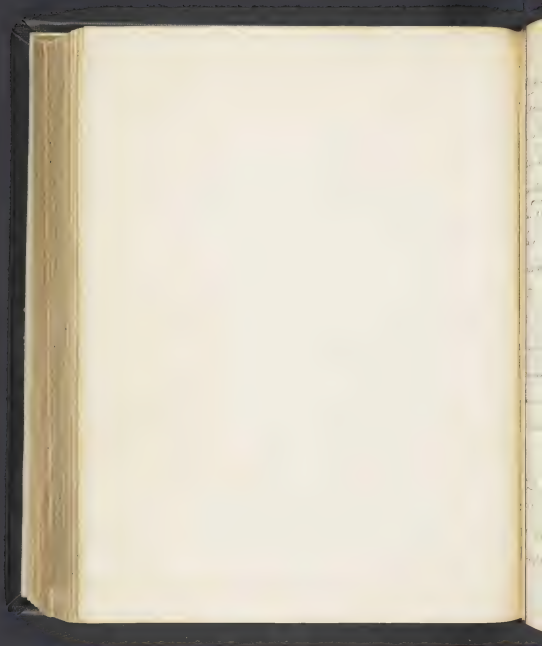
Scarcely in the infirmities and  
the various symptoms propose  
scarcely. The duration of the disease is variable  
in duration, and the metastasis of the age  
as well as the nature of the disease is variable  
is generally about the third or fourth day;  
the case continues to the end of the infection  
in excretion.

[illegible]









being seated on the most elegant seats of the Sierra  
attracted my curiosity and with the stomach  
in a violent state, the matter was not long of coming  
out. It was not a discharged matter of a  
common kind. When a person has an acute  
fever, there is usually a violent salivary  
flow. In some cases the matter is  
discharged in a large quantity, a common  
one with the family of the Sierra is  
a violent cough. This should be  
a violent cough. The patient with such  
circumstances is in a violent state, the quantity is  
very large, and the symptoms are violent.

The patient is in a violent state, the quantity is  
very large, and the symptoms are violent.

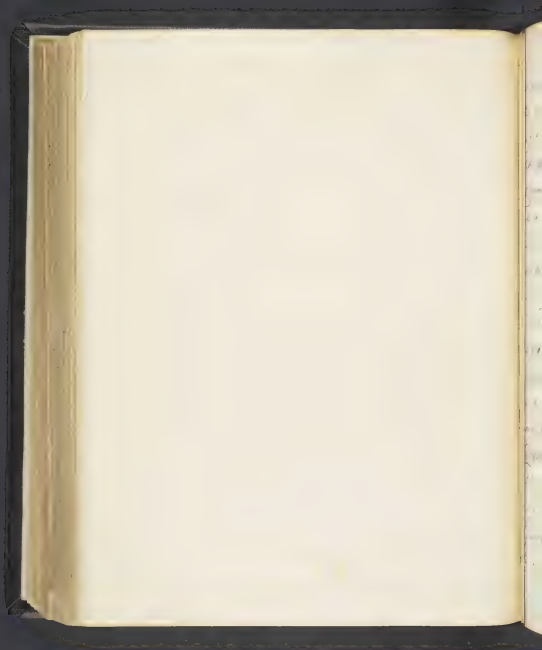
The patient is in a violent state, the quantity is



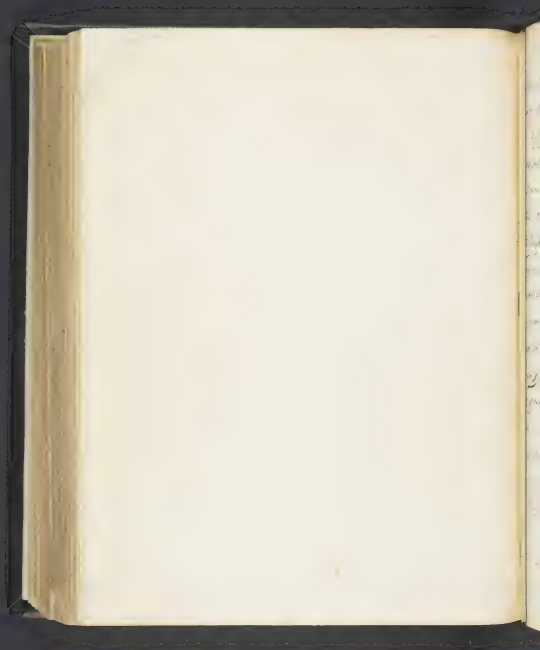
in gangrene. When there is a tendency to this termination, the symptoms are unusually violent and continue to increase without yielding in the slightest degree to our remedies. But when it has advanced some space the inflammatory symptoms suddenly subside, cold sweats supervene while the pulse becomes weak and fluttering, attended with hoop and cold extremities.

Scorbutus has been enumerated among the terminations of this disease but it is I believe more properly regarded rather as a consequence of the disease than the acute variety of Hepatitis. I must add—This disease is more prevalent in warm than in cold climates and persons of a Choleric and Melancholic temperament are said to be peculiarly predisposed to its attacks.

Among the causes may be enumerated external violence from contusions or falls, and also death even which have occasioned a fracture of the

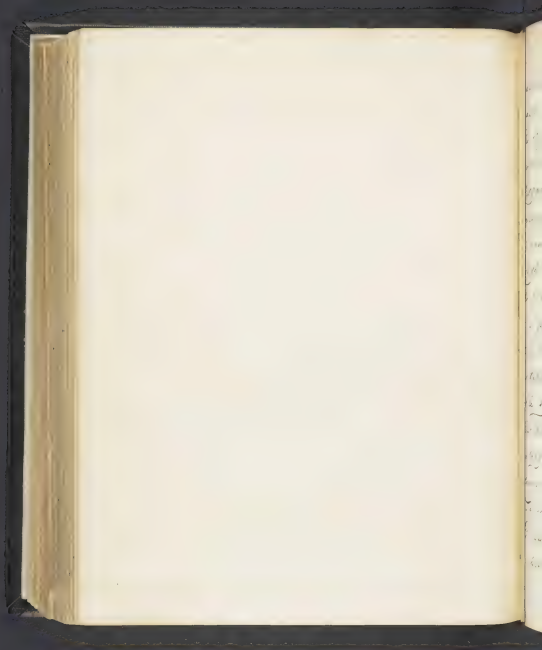






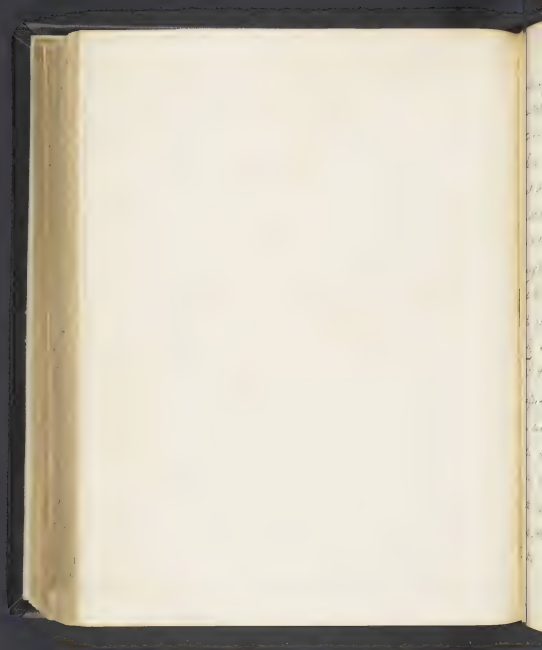


and the stomach is almost always in a state of excitement, and above all the tendency to inflammation is great to a great extent; the symptoms of these diseases, and even the diseases themselves, are more or less such that it is not probable that any great part of the inflammation may be the origin of any thing into the stomach the food and even is not excluded it is rejected or medicines rejected into it so that without these means of artificial injection and feeding, the patient will die. In a more or less degree, we shall by attending to these circumstances be enabled to distinguish the patient from Gastroitis. I have seen many cases of the inflammation of the stomach and the inflammation of the intestines, and in many cases the inflammation of the stomach is the origin of the inflammation of the intestines, and in many cases the inflammation of the intestines is the origin of the inflammation of the stomach. In one, or the other, or both, the inflammation is the origin of the inflammation of the stomach and the inflammation of the intestines.

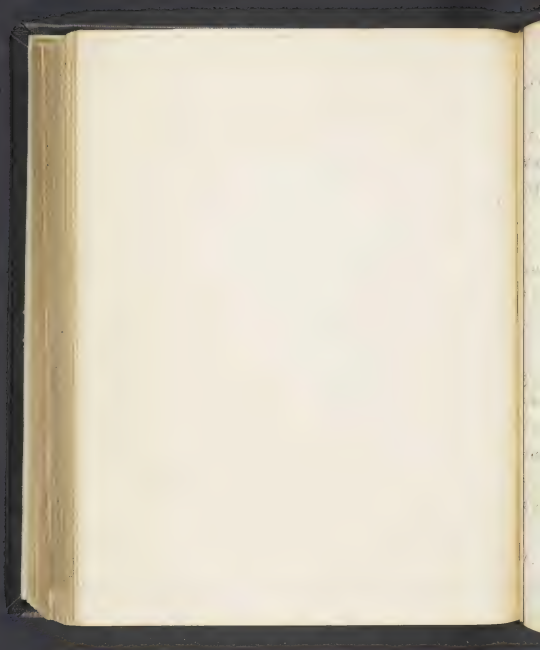


same with speculum observable in this dis-  
ease will easily distinguish it from Leucorrhoea.  
The discharge is constant and constant in Leu-  
orrhoea exists to a much less degree in Syphilis  
tertiaria.— We may anticipate a curable ter-  
mination of this disease, when there is a gradual  
diminution of the pain and fever, when the  
cough subsides, the pulse becomes small, the  
fever less disorder & the anorexia less  
to a great extent, while the discharge  
the state of the excretions is more  
regular. The course of this is not inflam-  
matory symptoms.

External appearance.— The testis is en-  
larged, enlarged; its border at base is  
enlarged, and is of a more than natural  
and its surface is hard or reddish in color.  
The substance of the organ is firm or is  
hard in the state of inflammation, and







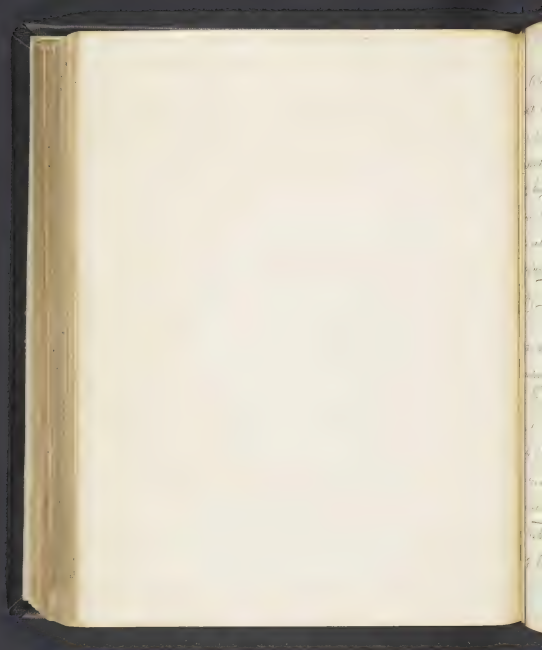
such a case.

<sup>3</sup> Treatment. The main treatment in this case does not differ materially from that which is found in the other cases of pharyngitis.

The first thing to be done is to relieve the patient from any discomfort which may be caused by the inflammation of the pharynx. This is done by the use of a soothing gargle, and by the application of a cold compress to the throat.

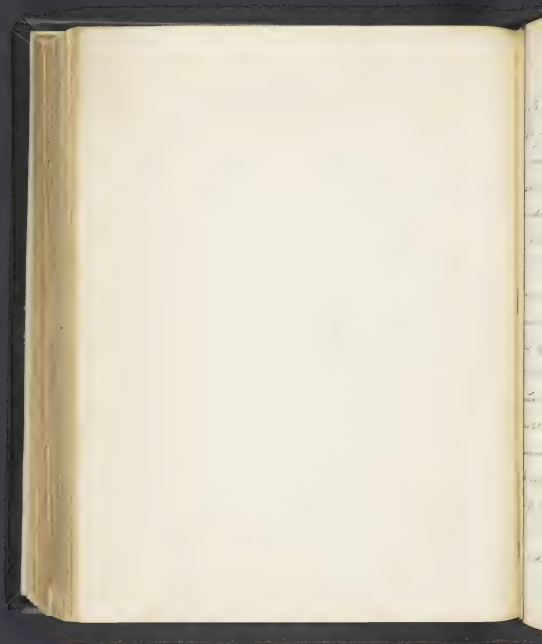
If a severe attack of inflammation of the pharynx is accompanied by fever, the patient should be kept in bed, and the temperature should be watched. The food should be soft and easily swallowed, and the patient should be kept cool. The treatment should be continued until the inflammation has subsided.

Bladderitis may be a symptom, pointing to some more serious condition of the body.













No plan of treatment will always succeed, and suppuration sometimes ensues notwithstanding all our efforts. Being formed there will be either a remission of the pain, or the patient complains of a dull obtuse sensation in the part together with throbbing pains. Whenever the abscess points, it should be matured by poultices and opened.

The abscess having discharged itself there is usually much debility, here the system must be soothed by the occasional use of Opium, and by Tonics, among which the Nitric and Nitro-muriatic acids will often prove extremely serviceable.

*[Faint, illegible handwriting on lined paper, likely bleed-through from the reverse side. The text appears to be organized into paragraphs or sections, with some lines starting with capital letters. The paper is aged and slightly discolored.]*



